



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
PP170094

Project Title:
Expanding a Community Network for Cancer Prevention to Improve
Cervical and Colorectal Screening and Follow-Up Among an Urban
Medically Underserved Population

Award Mechanism:
Evidence-Based Prevention Programs and Services

Principal Investigator:
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Entity:
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Lay Summary:

Need Colorectal (CRC) and cervical cancer (CxC) remain significant causes of morbidity and mortality in the U.S. and worldwide, despite the availability of effective screening and prevention tools. In Harris County, Texas, CRC is the second leading cause of cancer-related mortality for men and women combined with an incidence of 40.4 per 100,000 in 2013. CxC has an incidence of 9.7 per 100,000. For both cancers, the burden of disease is highest among the medically underserved, who lack access to critical screening, diagnostic, and therapeutic services. The medically underserved represent a large proportion of Harris County's population, which has one of the highest uninsured rates in the nation (28 versus 10 nationally).

Overall Project Strategy In 2010, we established the Community Network for Cancer Prevention (CNCP), a collaboration of academic, clinical, and community partners to empower medically underserved residents of Harris County to obtain CRC and CxC screening and follow-up. By working with Harris Health System, the safety-net system in Harris County, and other community partners over the past six years, the CNCP has had a powerful impact on CRC and CxC screening among Harris County's medically underserved population. Whereas prior to the project (2010), only 24 of age-eligible patients at Harris Health received a Fecal Immunochemical Test (FIT) for CRC screening and 29 received a Pap test for CxC screening, the current rates are 3.2-fold and 2.5-fold higher (76 and 74 in 2016, respectively). Furthermore, we have achieved profound decreases in the proportion of screen-positive patients who are lost-to-follow-up, from 40 in 2010 to 11 in 2016. The CNCP's patient education and patient navigation activities have been central to Harris Health's move toward becoming a Patient Centered Medical Home for cancer prevention and care, a model regarded as the most promising approach for addressing the burden of cancer. However, in order to fully become a Medical Home, key in-reach interventions are needed to expand CRC and CxC screening to a population-based level. In the proposed Expansion Project, we will incorporate in-reach strategies to recall individuals who might otherwise not attend for screening. We will also expand the CNCP's model to include a robust Assessment and Feedback intervention to target healthcare providers. Finally, we will expand the CNCP's reach to include a new collaborating institution and enact key programmatic changes to improve its long-term sustainability.

The overarching goals of the CNCP's CRC and CxS prevention program are to: 1) Increase access to and utilization of CRC and CxS screening among low-income patients who receive care at Harris Health and collaborating community clinics. 2) Increase diagnostic follow-up rates among low-income patients who receive care at Harris Health and collaborating community clinics. 3) Promote clinical performance improvement through ongoing assessment and feedback. 4) Increase awareness and intention to screen among medically underserved residents of Harris County.

These goals will be achieved by implementing multi-level, evidence-based strategies to 1) educate medically underserved patients about CRC and CxS screening and diagnostic testing 2) identify populations, coordinate care, and navigate medically underserved patients across the continuum of cancer care from risk assessment to diagnosis 3) promote clinical performance improvement through ongoing assessment and feedback and 4) provide culturally-targeted cancer screening education to medically underserved residents through our innovative Theater Outreach Program.

Innovation The CNCP employs multiple innovative approaches to implement evidence-based practices that improve CRC and CxS screening. Specifically, 1) integrating patient education into clinic flow by harnessing the electronic medical record to identify patients due for screening 2) cross-training patient navigators to optimize their ability to resolve a variety of patient barriers and 3) using a linguistically- and culturally-targeted, entertainment-based approach to deliver cancer prevention education in medically underserved, racial/ethnic minority communities.

Significance and Impact The expansion of the CNCP's strategies and reach will lead to a significant increase in the number of medically underserved residents who obtain CRC and CxS screening and diagnostic follow-up. Furthermore, it will transform CRC and CxS screening at Harris Health from an opportunistic preventive care model in which screening is opportunistically delivered in conjunction with acute care or chronic disease management into a true medical home model involving planned preventive care visits. These efforts will contribute to CPRIT's goals to reduce deaths and the number of new cases of CRC and CxS through screening and early detection and reduce unjust cancer health disparities.